

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/597423</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
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3		1		1				
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TOTAL IND.	1	↓	1	↓		↓		
TOTAL DEP.	15	←	10	←		←		
TOTAL CLAIMS	16		11					
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TOTAL DEP.		←		←		←		
TOTAL CLAIMS								